

## **The Path to Transformation: Concept Paper for an 1115 Waiver for Illinois Medicaid**

Optum appreciates the opportunity to respond the 1115 Waiver concept paper for the Illinois Medicaid program.

We are a health services company dedicated to making the health system work better for everyone. Optum is a leader in providing comprehensive Medicaid products and services: including the provision of care management, business intelligence/data warehousing and program integrity solutions to state governments, with the State of Illinois being one of our valued business intelligence customers since 1999. The following are areas we offer up as concepts and comments for consideration and would welcome any questions if Illinois Medicaid has a desire to gain more insight.

### ***HCBS Infrastructure choice and coordination.***

#### **1a. Combine and Modernize HCBS Waivers:**

As Illinois combines and modernizes their individual HCBS Waivers, we recommend:

- Developing a No Wrong Door system consistent with the Administration for Community Living's schematic serving all populations and all payers which is person centered, financially sustainable and high quality that supports individuals to achieve their goals for community living (<http://acl.gov/Programs/CDAP/OIP/ADRC/>). Additionally, incorporating the Administration for Community Living's Person Centered Counseling (Options Counseling) service as a distinct service within the modernized HCBS waivers may prove beneficial.
- Implementing a Competency Based Direct Service Workforce model developed by the CMS National Direct Service Workforce Resource Center managed by Optum's subsidiary, The Lewin Group. A competency based model is best implemented within an integrated system, connected to standardized on-line or in person training, supported through partnerships with higher education (i.e. career lattice model connected to health and human service fields) and implemented through matching service registries (<http://www.dswresourcecenter.org/tiki-index.php>).
- Reviewing the Missouri Department of Health's process for prioritizing access to services for clients with developmental disabilities. Their process prioritizes individuals who require early intervention and preventive services and methods of accessing services in a fair and equitable manner and may assist Illinois in their combining of waivers, including this population. Additionally, many states are implementing the InterRAI

Home Care Tool assessment tool. The InterRAI is conducted electronically and includes home visits. The Lewin Group has experience helping multiple states in the development of core standardized assessments. The State of Missouri engaged in a prioritization of need project that Illinois may find most helpful – see

<http://dmh.mo.gov/docs/dd/PONFAQ.pdf>.

- Rightsizing the functional eligibility process across the long term services and supports system by de-linking where possible the institutional and HCBS systems through development of “preventive” level of care and levels of support across a continuum of services and supports necessary to meet the holistic needs of individuals with disabilities. (See Lewin’s Report on Rhode Island’s Global Waiver which included modernization of functional eligibility - [http://www.ohhs.ri.gov/documents/documents11/Lewin\\_report\\_12\\_6\\_11.pdf](http://www.ohhs.ri.gov/documents/documents11/Lewin_report_12_6_11.pdf)).
- Including innovative approaches to housing with services. The ACA provides unique opportunities for exploring how housing with services models may provide efficient ways of serving large numbers of low-income older adults and persons with disabilities (<http://aspe.hhs.gov/daltcp/reports/2012/chrhomls2.shtml>).

### **1b. Behavioral health expansion and integration:**

Optum appreciates that Illinois is looking to better integrate behavioral health (BH) services into HCBS following severe cuts in these services a few years ago. Expanding the service array within the HCBS waiver to include BH may be the most critical part of the transformation. Examples of key BH support services that the state should consider include: Crisis response; Crisis stabilization (we recommend the living room model in which trained peers work alongside trained BH professionals); Crisis diversion programs (generally have very short-term evaluation/treatment beds); Peer and family peer support to include some of the Bridger programs focused specifically on the hospital-to-community transition is very important; and Programs/incentives to train and reward interface between medical and behavioral practitioners (e.g. co-staffing or building organizational affiliations and sharing medical records).

Additionally we recommend:

- Implementing behavioral health homes allowing the State to focus intense care management on people with BH needs and/or co-occurring BH and PH needs. Illinois could benefit from analytic support to identify the

potential participants who could benefit most from implementation of health homes including algorithms to measure cost savings.

- Electronically connecting communication systems between psychiatric or detoxification services in acute or sub-acute care settings with community-based services since the Illinois Financial Alignment Demonstration excludes "Individuals receiving developmental disability institutional services or who participate in the HCBS waiver for Adults with Developmental Disabilities."

### ***Delivery System Transformation:***

#### ***2a. Implement and Expand Innovative Managed Care Models:***

Optum recommends that Illinois consider:

Establishing a centralized set of tools and services – a transformation utility function – that streamlines CCE and ACE access to best practices for project management and network development, templates for governance structures, and technical support for establishing new operational frameworks and care coordination workflows.

- Designing a centralized data utility as a portfolio of analytics that provide actionable information in support of achieving delivery system transformation goals in order to provide data analytic capabilities for the CCEs and ACEs.
- Facilitating the development of standardized materials that CCEs and ACEs can adapt for staff training on common operational tasks such client enrollment, outreach, and monitoring as well as the use of technology for reporting and information sharing.

#### ***2b. Nursing Facility Transformation:***

Illinois has made great progress in its efforts to serve more persons in home and community based placements and to divert and transition persons from nursing facilities with the support of MFP funding and most recently BIP funding. Through this 1115 Waiver and the move to more risk based payments, the state should create new options for community based services and for supporting Medicaid members through the continuum of care. One of the major obstacles in diverting and transitioning persons from nursing facilities is the lack of intervention during the critical initial Medicare covered post-acute nursing facility stay. During the first 30 days it is imperative to work with the individual and their family on services and supports needed to transition to home or another community based placement. We recommend Illinois:

- Consider the program that Minnesota is using to identify Medicare members that are at risk to spend down to Medicaid eligibility while in the facility. The program uses an algorithm that identifies persons on a post-acute Medicare stay that, with no interventions, are likely to become a long-term Medicaid resident. The targeted Medicare individuals are provided assistance to return to the community. Under the 1115 waiver, the state could consider funding for transition planning for these pre-duals that would ultimately reduce the Medicaid nursing home spend-down population.
- Review the model used in Rhode Island. The State was able to decrease costs by integrating a Nursing Facility acuity adjuster into the work being completed while cutting rates for direct labor costs.
- Adapt the work that is being done with the Community-based Care Transitions Programs. In Lower Rio Grande community in Texas, one program has seen great success in connecting hospitals, nursing facilities, and home health agencies electronically. This connection has allowed for better communication between facilities resulting in better quality of care for patients and increased integration between health care facilities that were previously disconnected from one another. A similar approach was taken in Rhode Island where the state increased coordination of care between facility discharge planners and intake specialists by setting up an alert system when a patient required additional assistance returning to the community.

***Build Capacity for Health Care Services for Population Health Mgmt.:***

By 2017 Illinois expects that an additional 500,000 Medicaid clients will be enrolled under the Affordable Care Act.

In addition, another 500,000+ people will shop for private health insurance in the Health Insurance Marketplace.

With this influx of enrollees into the State's healthcare systems, planning efforts have focused substantial attention on the need to build linkages between public health and healthcare delivery systems and to expand the capacity of the system and the skills it will need to manage the health of a defined population. Knowing what is needed to drive population health improvement is key to building the right capacity and the right skills at the right locations. That takes a fact-based empirical framework that informs decision making to address improved patient experience of care (including quality and satisfaction) and improved health of populations.

One of the best ways to measure care delivery and the effectiveness of treatment programs is to capture relevant health status information directly from enrollees. Commonly used patient-reported outcome (PRO) measures such as Optum's QualityMetric SF™ health surveys capture practical, reliable, and valid information about functional health and well-being from the beneficiary's point of view. The SF12v2 and SF36v2 assessments are called generic health surveys because they can be used across age, disease, and treatment group, and are appropriate for a wide variety of applications. Conversely, disease-specific health surveys are focused on a particular condition or disease. PRO surveys are a practical and reliable tool for capturing physical and mental health status that can be completed by enrollees in less than ten minutes. They can be self-administered or interview-administered. Multiple other modes of administration are offered, such as online, PDA, and more. Translations are available for multiple languages and countries. In fact, the SF-36v2 is currently available in more than 170 translations. Use of PRO measures is one example of how fact-based analytics can inform efforts to build linkages between public health and healthcare delivery systems. Those linkages, in turn, will drive practical capacity expansion and growth in targeted skill capabilities.